

Prenatal transfer and transference of fear of life and fear of death

Abstract

Transfer and transference in the womb between mother and foetus have a significant impact on the future mental wellbeing of humans. This is especially so for the feelings of “Fear of Life” and “Fear of Death”. This study, using multiple single cases that cover a variety of different ethnic backgrounds and age-groups, shows that the origins of these fears pre-date birth. The study also provides evidence that Fear of Life has a strong correlation with the unconsciously stored pre-natal feeling of being rejected, while Fear of Death relates to the pre-natal experience of not feeling accepted for who one is. Which of the two fears becomes dominant depends on the ego-strengths of the mother and the unborn baby. Although not conclusively, the study and other documented cases provide strong indications that these, unconsciously stored, pre-natal experiences represent real maternal feelings and occurrences during the pregnancy. The findings of this study may aid therapist in determining their therapeutic approach.

Keywords: death, life, fear, prenatal, ego-strength, rejection

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Introduction

There is a growing body of evidence for the notion that prenatal experiences can have a significant influence on an individual's psychology later in life. In her book “Womb Prints”, Findeisen¹ presents over 39 individual case studies, from her 40 years of therapy practice, in which the cause of psychological disorder could be directly traced back to specific prenatal experiences. A study by Davis & Sandman² of 178 mother-child pairs showed that both maternal stress hormone and maternal anxieties are important predictors for anxiety in children at a young age and their propensity to mental illness. Moreover, Saleh & Kohan³ point out that maternal-fetal attachment plays a crucial role in the current living condition of people. Costa et al.⁴ present the case studies of 169 individual pregnant women, showing that prenatal maternal stress is linked to physical and mental health problems of their offspring.

In her previous articles, the author has presented reasons to support the idea that Fear of Life (FoL) and Fear of Death (FoD) are universal fears that can be found across all ages and cultures. Significantly, in the author's client-based research, either Fear of Life or Fear of Death or both could be identified in each of the subjects and related to their prenatal psychological development. Certain patterns of prenatal experiences (as stored in the unconscious mind) have been found that are strongly connected to Fear of Life and Fear of Death. These patterns can also be directly related to the feelings of the mother during the pregnancy.⁵

If Fear of Death and Fear of Life find their origins in the prenatal development of people and are significantly influenced by the feelings of the mother towards her unborn child, e.g. in the form of pregnancy specific anxieties, it becomes worthwhile to develop a better understanding of the processes by which this happens. The ability to understand these dynamics will help therapists to interpret and better understand experiences, feelings and fears that clients may bring up, such as “the fear of being”, “the fear of being seen” or “the fear to bond” (symptoms of FoL) and “fear to lose one's own life”, “fear of annihilation”, “fear of losing other people”, “fear of being isolated”

or “fear of rejection” (symptoms of FoD). When treating clients that are dealing with strong expressions of [one or both of] these fears), an understanding of the processes that created them can aid and guide the therapist to choose the most suitable therapeutic approach. Therefore, the purpose of this paper is to explore which processes possibly play a significant role in this prenatal development. To initially test some of the notions developed, the author has conducted a client-based investigation by deploying retrogressive analysis (sometimes also referred to as regression therapy) for a limited number of single cases.

Transfer and Transference between mother and foetus

The patterns of prenatal experiences that emerged during the author's previous research (2017) were:

- I. Fear of Death – rejection/unwanted child – not connected to mother – father and mother not connected
- II. Fear of Life – mother concerned – high expectations from mother – ‘warm’ in the womb

It was also found that in 35% of the multiple single cases, both Fear of Death and Fear of Life were reported as a feeling that was experienced in the womb, 20% reported only Fear of Death and 35% only Fear of Life. This suggests that people may be predisposed to both fears and that the degree to which either fear develops and becomes dominant is significantly influenced by the feelings and experiences of the mother during the pregnancy. The later notion appears to correspond largely with Verny's observation in “The Secret Life of the Unborn Child”:⁶

“... what a child feels and perceives begins shaping his attitudes and expectations about himself. Whether he ultimately sees himself and, hence, acts as a happy or sad, aggressive or meek, secure or anxiety-ridden person depends, in part, on the messages he gets about himself in the womb. The chief source of those shaping messages is the child's mother. This does not mean every fleeting worry, doubt or anxiety a woman has rebounds on her child. What matters are deep persistent patterns of feeling. Chronic anxiety or a wrenching ambivalence about motherhood can leave a deep scar on an unborn child's personality.”

The question is: how can this happen? What are the processes through which this influence can occur? The documentary 'In Utero', directed by Man Gyllenhaal,⁷ shows how life in the womb has a lasting impact on human development and behaviour. In their book "Das Geheimnis der ersten neun Monate: Unsere frühesten Prägungen" (The mystery of the first nine months: Our earliest formative influences) Hüther & Krens⁸ state that human learning already starts before birth, a notion that has also been put forward by Verny & Kohler.^{6,9} According to Hüther & Krens⁸, this learning is always founded on previous knowledge, feelings or experiences. They therefore ask themselves the question from where this early knowledge or information comes, a question that is very similar to the one that the author poses above. The answer that they present can be grouped into three separate, but mutually dependent, mechanisms. Other authors in the field have identified very similar mechanisms:

Genetic transfer

The earliest information is passed on through the DNA sequences of the parent's genes and it is expressed when certain DNA sequences are stimulated or activated by signals from the environment. Discoveries in the relatively young field of epi-genetics show that the physical and emotional state of the mother influences which DNA sequences can come to expression and which cannot. This happens by affecting how genes are read by cells, and subsequently how they produce proteins.¹⁰ Generally, epigenetic research shows that the circumstances in life – ranging from diet to levels of sleep, exercises and emotional state – can cause genes to be silenced (becoming dormant) or expressed (becoming active) over time. Davis & Sandman² suggest that an epigenetic mechanism may explain their findings of the relationship between maternal stress and child anxiety. In addition to the above, the mother's emotional state will also impact some of the other factors, such as her choice of food and the amount of rest she takes. Consequently, there is clear link with the second mechanism, which is Biochemical & physiological transfer. Through umbilical cord and in other ways, the mother shares here physical state to a large degree with her unborn child. Since feelings of the mother have a physiological basis and counterpart, any change of the mother's emotional state is immediately and automatically transmitted to the foetus. Amongst others, this may happen through changes of the (neuro-)hormone levels and available oxygen in the mother's blood and changes in the frequency and strength of her heart beat.¹¹ As Verny says (1981, page 41): "Everything the pregnant mother feels and thinks is [also] communicated through neuro-hormones to her unborn child, just as surely as are alcohol and nicotine". Thus, the emotional life of the mother deeply influences the life of the foetus. As the mother experiences anxiety or fear, hormonal levels in the bloodstream change and so does the heart rate and breathing; the unborn child will experience all of these physiological manifestations of the mother's emotional state, which lead to changes in the corresponding structures in its brain. It 'learns to feel' anxiety and fear, joy and happiness.¹¹ According to Lipton,¹² (page 90): "When passing through the placenta, the hormones of a mother experiencing chronic stress will profoundly alter the distribution of blood flow in her foetus and change the character of her developing child's physiology."

Sensory transfer is the third mechanism. It is now widely accepted that during the course of pregnancy, a foetus increasingly develops sensory capabilities, such as touch, hearing, vision and even taste and smell. For example, by the fourth month after conception, the unborn child has a well-developed sense of touch and taste.⁶ Chamberlain¹³

even distinguishes 12 twelve senses that are already active when the child is still in the womb. Thus, the mother may also transfer her feelings to the unborn child by her behaviour, such as talking, singing or touching her abdomen. In other words: "... the foetus also "learns" about feelings with its organs of perception, especially touch and hearing, but also seeing and tasting. The mother's feelings will manifest in the way she moves and in the tone of her voice. If she is she excited, she will move more quickly and suddenly and speak more loudly. If she is peaceful, she will be more at rest and use a softer voice. The above may explain the mechanics by which the transfer of feelings from the mother to the foetus happens, it still leaves unexplained the source of these maternal feelings, nor does it serve to predict how these 'translate' into specific psychological outcomes in her child. The author suggests that for this, transference is the dominant process. Transference can be defined as "the redirection of feelings and desires and especially of those unconsciously retained from childhood, toward a new object".¹⁴ For example, in the context of therapy, transference refers to redirection of a patient's feelings for a significant person to the therapist. Another definition is "a reproduction of emotions relating to repressed experiences, especially of childhood, and the substitution of another person for the original object of the repressed impulses".

When transference happens towards a person (the new object) who displays behaviours and responses that are observable in an external environment, there will always be an amount of tension between the actual behaviours and those that the subject would expect from his/her experience with the original object. The two sets of behaviours are unlikely to perfectly coincide: it is as if an image is projected on a canvas that already has a painting on it. This is different for the mother's child while still in the womb. While the foetus may respond to the mother, these responses are not so clearly defined and the mother can freely interpret them in any way that is in line with her (unconsciously retained) feelings and experiences from the original object. Thus, her unborn child may become the blank canvas on which she can project any of her feelings and experiences of the significant person from her past, without receiving any contradictory feedback. This transference can be a direct copy of the previous experiences. The relationship between Fear of Death and the pre-natal experience of being unwanted/rejected, as it appeared from the author's earlier research (2017), can possibly be attributed to this. The transference may also occur as the opposite of these experiences. For example: if, as a child, the mother has felt abandoned by [one of] her parents, she may start to feel that her child will be her perfect and eternally loyal companion. As a result, the mother may develop high expectations of her child, even though it is still unborn. This could explain why, as the author's previous research (2017) has shown, 'high expectations from mother' play an important role in the case of Fear of Life.

Rejection and expectation

As we have seen from the above description, it is possible that the key to determine whether a foetus will dominantly develop Fear of Death or if Fear of Life will be dominant, is the question whether a foetus feels rejected ('not wanted') by its mother or feels that its mother has very high expectations of the foetus and its future. Thus, it is worthwhile to further explore these two pre-natal experiences of feeling rejected on the one hand and feeling [the pressure of] a lot of expectations on the other.

Taking into account the dual mechanisms of maternal transference and transfer of emotions between mother and foetus as described above, we can assume that a sense of being rejected on the part of the foetus is most likely reflective of the mother's actual feelings towards her unborn child (an assumption that is tested in the client-based investigation, described later in this paper). Considering this from the perspective of the mother, to emotionally reject the child requires an active psychological position – as if the mother pushes away her child. This active position requires the ability to 'fight' as a coping mechanism, i.e. high ego-strength.¹⁵ Transference of her own suppressed feelings of being rejected by [a] person[s] of importance to the mother, earlier in her life, may be what sets this process in motion. In turn, the foetus senses this rejection by its mother, which then translates into Fear of Death via the mechanism that was described by the author in her Article "Fear of Life and Fear of Death – a Cross Cultural Study Part II: Multiple Single Case Analysis in Malaysia and The Netherlands".¹⁶

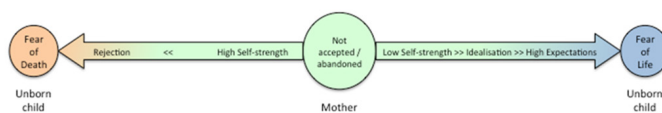


Figure 1 Conceptual model showing the development of fear of death or fear of life from per-natal feelings of not being accepted and/or abandoned.

The opposite may also happen in case the mother has low ego-strength, which means that adaptation and/or distancing are the dominant coping mechanisms;¹⁵ idealisation of her unborn child can then be expected as a response to her feelings of rejection or being abandoned. The idealisation is effectively a passive position of the mother, she 'looks up' to her unborn child as the answer to her psychological needs and thus allows a distance to grow between this ideal image and who the child really is (she allows the real person to 'float away' from her, rather than to actively engage). To avoid losing the mother, the foetus is likely to feel a need to live up to these expectations, which can then translate into Fear of Life via the mechanism that was described by the author in earlier Article.¹⁶

The conceptual model in Figure 1 shows how a sense of not being accepted and/or abandoned can be a common source that translates into Fear of Death or Fear of Life in her unborn child, depending on the mother's ego-strength.

The process described above also provides a good explanation how Fear of Life and Fear of Death can be transferred from one generation to the next, since the unborn child may once be a mother who projects the same sense of not being accepted and/or abandoned onto her unborn child.

In order to validate the role that transference may play, the possible importance of rejection or expectations from the side of the mother and the model described here, the current study makes a more in-depth analysis of the prenatal experiences that the subjects have of their mothers' feelings towards them.

Birth process

Another important area that has to be addressed in relation to the development of Fear of Life and Fear of Death is what actually happens during birth, the peri-natal phase. There is a substantial body of authors who argue that the birth trauma is what creates Fear of Death.^{15,17} Other authors believe that the birth trauma is at the root

of Fear of Life.^{18,19} Neither group of authors discusses both fears, so it remains unclear from them whether the birth process can be the source of both fears at the same time or if it may be that different birth experiences create different outcomes, i.e. Fear of Death in some people and Fear of Life in others. Otto Rank is among the most prominent proponents of the idea that both fears are present in all humans and both find their origins in the birth trauma. He postulated that both fears, and indeed all anxieties, originate from the 'prototype' anxiety experienced during birth: the birth trauma. Rank saw "fear of living" [Lebensangst] and the "fear of dying" [Todesangst] – as fears that are present in all people and that move in opposite directions from a single source.²⁰ This notion of a single source for both fears aligns well with the model presented above. However, the notion of the birth process being at the root of either or both fears is contradicted by the findings from the author's own and other research, as discussed above and also later in this article. The explanation for the fact that earlier scholars did not consider the pre-natal stage as the possible origin of these fears may be that, in the days of Freud and Rank, this phase of life was idealised as a paradisiacal "state of perfect harmony and union with the mother"²¹ in which the foetus only experiences a state of blissful ignorance. As has been discussed earlier in this article, recent research and scientific evidence does not support this idea. Nonetheless, a question that remains to be answered is whether the birth process has any decisive influence on the way that either or both fears are 'shaped' in an individual. The research presented in this paper will also consider this question.

Finally, before we can conduct more in depth client based research of the [possible] prenatal transfer and transference of FoD and FoL, as much as possible we need to verify whether the prenatal experiences that are stored in the subjects' unconscious, and especially those that relate to the feelings of the mother, represent the actual experiences during the pregnancy and are not post-factum constructs. This is the third central question that is being asked in this study.

Research framework and method

This study follows up on the author's earlier work, where she has shown that Fear of Life and Fear of Death can already develop in a foetus in the womb (2017). The purpose of this second client-based investigation is to gain a better insight into the processes through which the transference and transfer of Fear of Death and Fear of Life happens from the mother to her unborn child and to validate, as much as possible, the notions presented above. Specifically, this investigation aims to answer the following questions:

- I. Is it possible to relate the prenatal experiences that are stored in the subjects' unconscious representing the feelings of the mother towards her unborn child – as reported during the regressive analysis sessions –, to the actual feelings of the mother during the pregnancy?
- II. Does the birth process influence the way that Fear of Death and/or Fear of Life are 'shaped' in the subjects?
- III. Can a relationship be shown between feelings of rejection in the mother and the development of a dominant Fear of Death in subjects?
- IV. Can a relationship be shown between feelings of idealisation [of the unborn child] in the mother and the development of a dominant Fear of Life in subjects?

As was the case in the earlier study, to investigate questions 2, 3a and 3b, retrogressive analysis of multiple single cases was used,

in the form of deep reflection and active imagination. When using this method, it must be considered undesirable to create standardized questionnaires. The nature of active imagination, as described in detail in the author’s earlier article,¹⁶ is such that they should be allowed to unfold freely. The use of standardized questions carries the risk of ‘guiding’ the client in a certain direction rather than letting his/her unconscious ‘speak’ for itself. There are also of awareness in the subjects of the influence that Fear of Life and/or Fear of Death may have on them. Thus, each case will require a different approach with questions that are specific to it. Instead of using standardized questionnaires, the transcripts of the individual sessions were reviewed for the (explicit) mention of Fear of Death and/or Fear of Life by the clients and for common theme(s). A mapping of these results combined with a quantitative content analysis was used to analyse the outcomes.

To address the first research question and investigate if there is a correspondence between the unconsciously stored pre-natal

experiences of these subjects and their mothers’ recollection of the pregnancies, the retrogressive analysis was supplemented by interviews and active imagination sessions with the mothers of two of the subjects from the second group.

Demographic composition

A total of twenty-eight single cases were analysed. About half of this group had, prior to the study, not been involved in long-term psycho-therapy, while the remainder was already in therapy with the author. The retrogressive analysis sessions and interviews took place in The Netherlands (approx. 60%) and Malaysia (approx. 40%), between 2011 and 2018. Three single cases were rejected because during the active imagination sessions, the subjects were not able to access any unconscious experiences. The demographics of the subjects in this study are presented in Table 1, showing their broad range of backgrounds.

| F=Female M=Male | 10-20 | 21-45 | 46-60 | 61-75 | Total |
|--|-----------|-----------|-------|-----------|------------|
| Cultural background | - | | | | |
| Chinese immigrant (Malaysia/Indonesia) | - | 1(F) | 6(F) | - | 7(F) |
| Indian-Malay | | | 1(F) | | 1(F) |
| Chinese-Indian | - | - | 1(F) | - | 1(F) |
| Southern European | 2(F) | - | 1(F) | - | 3(F) |
| Western European | 1(F)+3(M) | 1(F)+1(M) | 7(F) | 2(F)+1(M) | 11(F)+5(M) |
| Total | 3(F)+3(M) | 2(F)+1(M) | 16(F) | 2(F)+1(M) | 23(F)+5(M) |

Detailed analysis

As before, to analyse the outcomes of the retrogressive analysis sessions, the specific experiences verbalised by the subjects, were mapped through a quantitative content analysis. Compared to the earlier analysis,¹⁶ the author has removed some of the prenatal experiences that were initially analysed, specifically ‘(no) mother-father connection’ and ‘cold’/‘warm’, because her earlier research had already shown that these are not (significantly) connected to either Fear of Life or Fear of Death. The term ‘not connected to mother’ was changed to ‘rejection by mother’ as these (and similar) words were more often used by subjects. Finally, ‘child object to fulfill mother’s needs for ...’, ‘responsible for the happiness of others’, ‘mother feels lonely’, ‘mother fears her own death’ and ‘withdrawal/distancing’

were added to the prenatal analysis because the use of these (or very similar) terms by the subjects was observed multiple times and it was considered that these might provide a more detailed insight into the dynamics involving Fear of Life and/or Fear of Death.

Results

In the womb

A total of sixteen cases reported both Fear of Life and Fear of Death. Five cases reported only Fear of Life and four only Fear of Death, making a total of twenty-five cases that could be analysed further. The results of the pre-natal analysis (questions 3a. and 3b.) are summarized in Figure 2(A) & Figure 2(B).

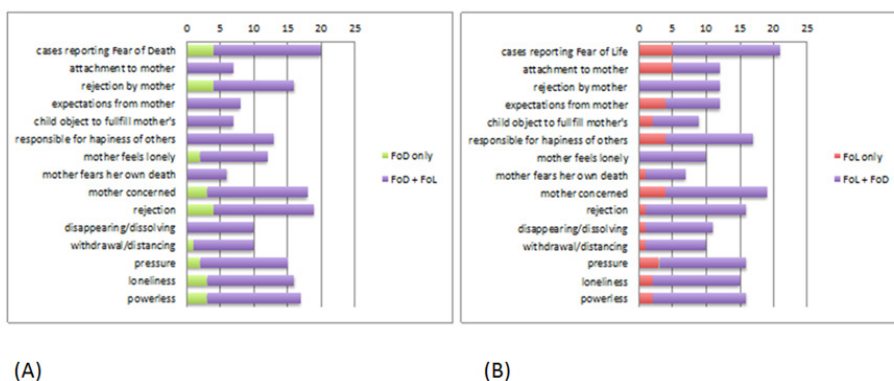


Figure 2 The results of the pre-natal analysis (questions 3A. and 3B.) are summarized

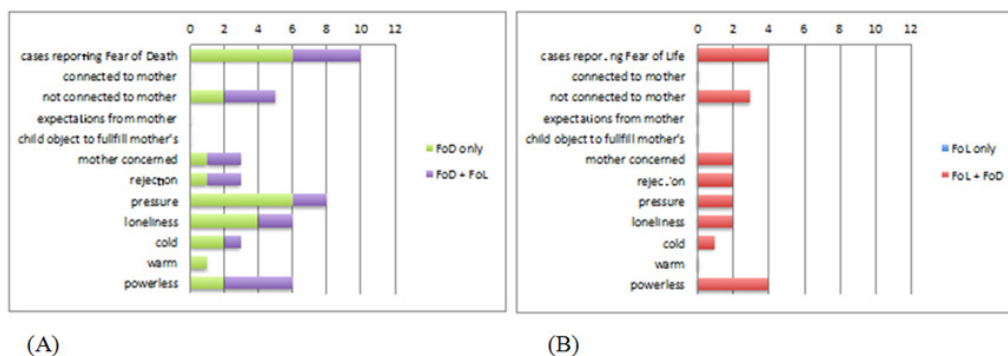


Figure 3 The results of the peri-natal analysis (for question 2) are summarized. **Table 2** summarises the findings of that analysis

| Fear of Death n=20 | % of total FoD cases | % of total FoD only | % of total FoL only | Fear of life n=21 | % of total FoL cases | % of total FoL only | % of total FoD only |
|---|----------------------|---------------------|---------------------|---|----------------------|---------------------|---------------------|
| Strongly linked to FoD | | | | Strongly linked to FoL | | | |
| Rejection by mother | 80% | 100% | 0% | Attachment to mother | 57% | 100% | 0% |
| Rejection [of self] | 95% | 100% | 20% | Responsible for the happiness of others | 81% | 80% | 0% |
| Somewhat more linked to FoD | | | | Somewhat more linked to FoL | | | |
| Mother feels lonely | 60% | 50% | 0% | Child object to fulfill mother's need(s) | 43% | 40% | 0% |
| Powerless | 85% | 75% | 40% | Pressure | 76% | 60% | 50% |
| Loneliness | 80% | 75% | 40% | Not linked to FoL | | | |
| Mother concerned about the future | 85% | 75% | 40% | Mother feels lonely | 48% | 0% | 50% |
| Not linked to FoD | | | | Rejection by mother | 57% | 0% | 100% |
| Attachment to mother | 35% | 0% | 100% | No significance difference between FoD and FoL | | | |
| Expectataions from mother | 40% | 0% | 80% | Distance/no attachment [to self] | 48% | 20% | 25% |
| Child object to fulfil mother's need(s) | 35% | 0% | 40% | Disappearing/dissolving | 52% | 20% | 0% |
| Responsible for the happiness of others | 65% | 0% | 80% | Mother fears her own death | 33% | 20% | 0% |
| | 50% | 25% | 20% | | | | |
| | 50% | 0% | 20% | | | | |
| | 30% | 0% | 0% | | | | |

For all cases reporting Fear of Death (FoD and/or Fear of Life (FoL), an analysis was made of the number of times that the same subject also reported specific other prenatal experiences to determine if there were any (strong links). Table 2 summarises the findings of that analysis.

The experience ‘mother fears her own death’ has been reported only six times and, by itself, doesn’t seem to be linked to either fear. However, it must be noted that this experience was always reported by subjects who had also reported ‘mother concerned about the future’. Thus both can be regarded as representing the same pre-natal experience.

During birth

The results of the peri-natal analysis (for question 2) are summarized in Figure 3(A) & Figures 3(B).

In all but one case (10 out of 11, or 91%), Fear of Death was reported. The majority of these reported only this fear and not Fear of Life, (6 out of 10, or 55%). Although Fear of Life was reported four times (36%) it was always together with Fear of Death and never on its own. In these cases of Fear of Life, it seemed to be consistently relating to feelings of ‘not wanting to be born’ (e.g. not wanting to leave the safety of the womb and/or wanting to avoid the pain of the

birth process). The one case that did not report either fear, still did report the related feelings of being 'afraid to leave the womb' and that she was 'disappearing'. This was the only subject to report the latter during birth. Maybe most significantly, in each individual case were either Fear of Death or both fears were reported during birth, these subjects had also separately reported the same fear(s) as feelings in the womb.

Other feelings, that were frequently reported, are:

- a. 'Pressure' (73%),
- b. 'Loneliness' and 'powerless' (55% for each); of these, 3 subjects reported the combination of both these feelings.

On the other hand, feelings that were only reported infrequently, or not at all, are 'mother concerned', 'rejection', and 'cold' and 'warm' (reported between 1 and 3 times during an active imagination session of the birth process). During birth, none of the subjects reported that he or she felt 'connected to mother', while 45% said positively that they did not feel connected to mother.

Mother and her unborn child

It was possible to interview and conduct a retrogressive session with the mothers of three of the subjects (one mother who's two sons were both subjects of the author's analyses and one mother with her daughter, who was also a subject). This was done in order to find out if the experiences reported by these subjects during their active imagination session would significantly coincide with the mother's recollection of her own feelings during the pregnancy.

In the cases of the mother and her 2 sons, during the interview, the mother told the author that she had been very happy with each pregnancy and also that she did prefer to have boys; she recounted that during the pregnancies, her husband would tell her that she was beautiful, but otherwise he was very aloof and 'all the time went off to do his own thing'. Given this, she said that in each case she experienced the unborn baby as a substitute for her husband. In separate active imagination sessions, both sons had reported that they felt that their mother did not have a good relation with their father, that he was distant and aloof and that therefore the mother was directing her care and attention to her unborn child and that this helped her to avoid loneliness. Both also felt that they were expected to be boys. One of the children also felt as if he wanted to disappear, which seems to coincide with what the mother had recounted, namely that she felt heavy and wanted to move/run away from her home.

In the case of the mother and daughter, the daughter felt that father was always busy and mother was very tired. These feelings are the same as the mother's actual recollection. In this case, the placenta had not developed very well, mother was concerned about this and the foetus was afraid about the future.

Consideration

Using these results, we can now revisit and assess each of the research questions.

Mother's feelings during pregnancy and subject's pre-natal experiences

Only a very limited number of cases were available in this study to investigate whether the prenatal experiences – as reported during the regressive analysis sessions – represent the actual feelings of the mother towards her unborn child during pregnancy. Nonetheless,

some remarkable overlap was found between the recollections of these two mothers and the three subjects (children). Findeisen¹ also found multiple cases of a similar correspondence between the prenatal experiences that were brought up by her clients in retrogressive analysis and what actually took place during the pregnancy. All of this suggests that:

- I. Transfer of the mother's feeling to the foetus is indeed possible through one or more of the processes identified earlier in this paper,
- II. At least part of the feelings of the mother towards her unborn child are formed through the projection or transference onto the foetus of her feelings about other significant people,
- III. The foetus is capable of (unconsciously) storing these actual experiences, and
- IV. These prenatal-experiences can be accessed through active imagination.

Of course, we must consider the possibility that the subjects have conscious or unconscious knowledge of their mother's feelings during pregnancy through the stories about this period that the mother may have told her children at a later age. With the current limited research data, this possibility cannot be ruled out. However, the subject's experiences of their birth – as reported through active imagination in this investigation– provided some more support for the idea that very early experiences can be unconsciously stored and later recalled. Feeling 'pressure', 'loneliness', 'powerless' and 'not connected to mother' were frequently reported and can easily be associated with the experience of being born. Yet, it is unlikely that the subjects would have gained 'knowledge' of these experiences through the stories from mother or anyone else. This notion is strengthened further by some of the very specific experiences that were reported: "I am suffocating with a cord around my neck" for a subject who actually had the umbilical cord wrapped around her neck, and another subject reporting that "someone is pulling my neck hard, separating my head from my body".

In addition, other research into hypnosis²² has shown that in cases of 'functional amnesia' – i.e. not explicitly remembering certain events²³ the unconsciously stored memories ('implicit memories') can later be recalled through hypnosis. So, even though the current research may not provide solid evidence that the subjects' prenatal experiences represent the actual feelings of the mother towards her unborn child during pregnancy, it does provide some strong indications to support the notion. The author suggests to conduct further research, involving a significantly larger group of mothers and their children.

Role of the birth process in shaping fear of life and/or fear of death

The outcomes of this study do not show a noticeable difference between the experiences during birth of those subjects who had reported Fear of Death when in the womb and those who had reported Fear of Life or both Fears. Fear of Death, 'pressure', 'loneliness', 'powerless' and 'not connected to mother' are frequently reported across the dominant Fear of Life and the dominant Fear of Death groups of subjects. It is also remarkable that none of the subjects reported Fear of Death or Fear of Life if the same person had not reported the same fear as an experience in the womb as well.

Thus, the strength of the experiences reported during birth suggest that indeed the process of being born can be categorised as traumatic, evoking a strong sense of losing the protection of mother and a fear

of [the possibility of] dying. One subject actually reports to be “afraid that my bones will be broken”. In this light, where Fear of Life is reported, it was always in combination with Fear of Death, never on its own.^{24,25} This can easily be interpreted as representing a strong reluctance of the unborn child to actually move to this threatening phase of being born. One subject reported that she “feels safe in the womb and does not want to leave it”, another that she is “afraid to leave the womb”.

One could interpret all of this as a confirmation of the concept of birth trauma, as expressed by Rank^{20,21} and many others. Yet, there is nothing to suggest that in any of these cases, the basic Fear of Death or Fear of Life just arose during the birth process and had been fully absent in the preceding prenatal phase. Neither is there any evidence that birth has shaped or changed the relative dominance of these fears. To the contrary, even though these fears may have been triggered during birth, in all cases they had been already reported as prenatal experiences too. So, whilst birth may have been an important and

traumatic event for any person, it is unlikely that it sits at the root of either Fear of Death and/or Fear of Life, nor that it is an influence that shapes these fears or determines which one of the two is dominant.

Mother’s feelings towards her unborn child and the development of a dominant Fear with the above in mind, we can focus on the pre-natal phase of a person’s development as both the source of Fear of Life and Fear of Death as well as the phase during which the [dominance of] either fear is being shaped. The importance of the pre-natal period is also born out by Findeisen¹, who concluded from her 40 years of psych-therapeutic practise (using, amongst others, retrogressive analysis) that the first nine months of life are critical for the mental health of a person. She stated that if there is danger or hostility felt in the womb, children are born already traumatized, afraid and hyper-vigilant. Davis & Sandman,² identify specific prenatal risk factors that are associated with lasting consequences for child mental health and an increased risk of psychiatric disorder.

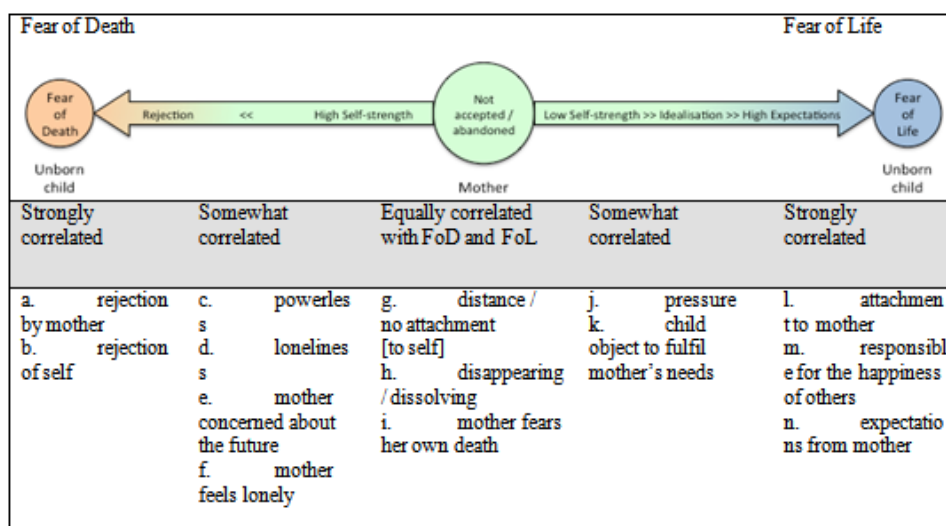


Figure 4 These observations and also the less strongly correlated feelings that were reported can be mapped onto the model for the development of dominant Fear of Death or dominant Fear of life that was proposed earlier in this article.

In the case of Fear of Death, this research shows a strong correlation with the pre-natal experience of rejection, either by mother or self, (or being/feeling an unwanted child). It is important to note in this context that these experiences were reported in— in all cases of only Fear of Death but in only one instance of Fear of Life *only*. These results also correspond with the results of the author’s earlier research.¹⁶

For Fear of Life, the correlation appears to be strong with (a) the experience of the foetus that it is attached to mother., (b) the feeling that mother has (very) high expectations of the child and (c), the feeling of the foetus that it is responsible for the happiness of others (including mother). None of these pre-natal feelings or experiences were reported in any of the cases of Fear of Death only.

These observations and also the less strongly correlated feelings that were reported, can be mapped onto the model for the development of dominant Fear of Death or dominant Fear of life, that was proposed earlier in this article, which is shown in Figure 4.

This mapping shows that there is strong alignment between the conceptual model presented earlier in this paper and the actual findings from multiple single cases. In the first place, rejection (either

by mother and/or of Self) is strongly connected to Fear of Death, whilst ‘connected to mother’, ‘expectations from mother’ and/or ‘responsible for the happiness of others’ are all strongly linked to ‘Fear of Life. All of the latter three pre-natal experiences can be said to represent the idealisation and expectations that [the child senses that] the mother has of their relationship.

Moreover, the relationship between the ‘Somewhat correlated’ pre-natal experiences and Ego-strength can also be explained:

A. On the one hand, ‘pressure’ and ‘object to fulfil ...’ both represent experiences where the unborn child feels that he/she is ‘just’ the subject (rather than the actor) and removed/distanced from the action: it all ‘happens to him/her’ until the person himself is not present anymore. It should be no surprise therefore, that these experiences coincide with low Ego-strength.

B. On the other hand, ‘powerless’ and ‘loneliness’ can be understood as experiences where the individual is very ‘present’ and actively wants to resist the circumstances that he/she finds him/herself in. After all, you can only feel powerless when attempting to exert some power, one can only feel lonely when you are aware of your own presence. In other words, the unborn child does not accept to be ‘lost’ in the situation, which is an expression of a high Ego-strength. At the

same time, 'mother concerned [about the future]' and 'mother feels lonely' indicate that, whilst the foetus still feels attached to mother (otherwise it could not 'pick-up' these feelings from mother), it senses an imminent threat to the relationship with mother and the possibility of abandonment.

C. Moving to the centre of the model, where it all starts, we find the pre-natal experiences of 'distance/no attachment [to self]', 'disappearing /dissolving' and 'mother fears her own death'; each of these can be interpreted as the foetus experiencing that its mother does not accept the new situation of being pregnant and [unconsciously] wants to remove herself from this situation and the new life in her. Maybe, this is quite a natural response, after all, a 'foreign body' has entered her own. The mother's physical response to this and the changing of her hormone system can be quite violent, for example in the form of morning sickness.

So, overall, the model proposed by the author can explain the results found in this study through regressive analysis (active imagination). Whilst it may be clear how 'not accepted' and fear of abandonment can initiate Fear of Death, it is worthwhile to further explore the pre-natal experiences that lead to 'Fear of Life'. It may not be obvious how a foetus that feels 'strongly connected to mother, may still sense that is not being accepted and may even be abandoned by its mother; if we consider, however, that a mother with low ego-strength probably cannot imagine and cannot accept her child growing 'just' as it is but wants it to be something 'more', something that she can idealise, the foetus will sense this and feel that its mother is putting it on a pedestal rather than embracing it. Thus, it will fear that the mother may abandon it, if it fails to meet her expectations. In case of low ego-strength this translates into a desire to meet those perceived expectations from mother and/or be 'responsible for the happiness of others'; Thus, not being accepted [for who one is] and fear of abandonment appear to be not only at the root of Fear of Death but of Fear of Life too. The level of ego-strength seems to be the factor that decides whether one fear or the other will become dominant. Experiences such as prenatal depression, nausea and morning sickness, which are very familiar to pregnant women, are possibly also connected to the foetus' fear of being abandoned.

The above observations bring about an important question: how do the foetus and mother cope with this feeling of non-acceptance and with the possibility of abandonment? When do feelings of acceptance arise and replace or overshadow these earlier feelings? After all, in the end most humans are happy to welcome a newborn child. This may be a question that is worth being investigated in future research.

Conclusion

In this paper, the author argues that Fear of Life and Fear of Death find their origins in the pre-natal phase of life and that these are transferred from the mother to her unborn child by genetic, biochemical and physiological as well as sensory means. Transference onto the foetus of maternal feelings, about people that are significant to her, may well initiate this transfer. The author has proposed a model for the process by which a sense of not being accepted and/or abandoned can be a common source that translates into Fear of Death or Fear of Life in her unborn child, depending on the ego-strength of mother and child. Thus transfer and transference in the womb play a crucial role in the development of the later psychological state of a human being.

The results from the study of multiple single cases, which the

author presents in this paper, show a strong alignment with this model. For this study, retrogressive analysis in the form of deep reflection and active imagination were used in order to bring up and identify unconsciously stored pre-natal feelings, experiences and their underlying patterns as they relate to Fear of Life' and Fear of Death. Specific findings from this client-based study are:

- i. Fear of Life and Fear Death do not arise from the birth process itself, their existence can already be identified in the pre-natal phase. However, the unconsciously stored experiences of the birth process can be characterised as traumatic and calling up the (already existing) Fear of Death.
- ii. Fear of Life strongly correlates with feelings of being connected to mother, of being responsible for the happiness of others and of expectations that mother has of the unborn child. This means also that not be accepted for who one is sits at the root of this fear.
- iii. Fear of Death strongly correlates with feelings of being rejected (by self or mother).

In this client-based study, it was not possible to provide solid evidence that the subjects' prenatal experiences represent the actual feelings of the mother towards her unborn child during pregnancy. This is due to the very small number of mother-child pairs that were available for the study. Nevertheless, this study and other documented cases do provide some strong indications to support the notion that these, unconsciously stored, pre-natal experiences represent real maternal feelings and occurrences during the pregnancy.

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Conflict of interest

The author declares there is no conflict of interest.

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